



OHIO DEPARTMENT OF JOB AND FAMILY SERVICES
OFFICE OF UNEMPLOYMENT INSURANCE OPERATIONS

DETERMINATION OF UNEMPLOYMENT COMPENSATION BENEFITS

JFS-63000 11/10/2016			
Claimant's Name JILL BECKMAN		Claimant ID	Social Security Number
Benefit Year Beginning Date 11/05/2017		Benefit Year Ending Date 11/03/2018	Application Date 11/10/2017
JILL BECKMAN 6900 SPENCER LAKE RD MEDINA, OH 44256-8543		Determination Identification Number 230275322-1	
		Date Issued 12/04/2017	
		ODJFS Office Lima Processing Center PO Box 182212 Columbus, OH 43218-2212 Phone: (866) 272-0118 Fax: (614) 466-7449	

THIS NOTICE IS A DETERMINATION OF AN INITIAL APPLICATION FOR UNEMPLOYMENT BENEFITS, ISSUED IN ACCORDANCE WITH THE PROVISIONS OF SECTIONS 4141.28(D) & (E), OHIO REVISED CODE

The Ohio Department of Job and Family Services has ALLOWED the claimant's application for unemployment compensation benefits with a benefit year that begins 11/05/2017. During this one-year benefit period, the claimant's benefits rights are as follows:

Weekly Benefit Amount is: **\$443.00**
Dependency Class is: **A1**
Total Benefits Payable Amount is: **\$11,518.00**

The claimant's employment during the base period, 07/01/2016 to 06/30/2017, met the weeks and wages eligibility requirement. The chart below shows the claimant's Total Base Period Wages and Total Qualifying Weeks with each base period employer.

Employer Name	Total Base Period Wages	Total Qualifying Weeks
ASTRAZENECA, LP	\$2,025.66	02
HELSINN THERAPEUTICS (U.S.), INC.	\$21,259.34	08
GUARDANT HEALTH, INC.	\$135,972.33	41

The claimant was discharged by GUARDANT HEALTH, INC. on 10/02/2017. The employer discharged the claimant because he/she was not able to perform the required work. An individual discharged for this reason may be found at fault and, therefore, discharged for just cause if each of the following conditions has been met: 1. The individual did not perform the required work; 2. The employer made known its expectations of the individual at the time of hire; 3. The expectations were reasonable; and 4. The requirements of the job did not change since the date of hire for that particular position. In this specific case, evidence has not been submitted to establish that the claimant did not perform the required work. Ohio's legal standard that determines if a discharge is without just cause is whether the claimant's acts, omissions, or course of conduct were such that an ordinary person would find the discharge not justifiable. After a review of the facts, this agency finds that the claimant was discharged without just cause under Section 4141.29(D)(2)(a) of the Ohio Revised Code.

Si usted no puede leer esto, llame por favor a 1-877-644-6562 para una traduccion.

An issue regarding the claimant's active search for work, affecting benefits beginning on 11/05/2017, was adjudicated as follows. The claimant either did seek work as instructed, or was not required or instructed to do so. Therefore, the claimant did meet the active search for work requirement of Section 4141.29(A)(4), Ohio Revised Code.

Interested Parties: **ASTRAZENECA, LP**
HELSINN THERAPEUTICS (U.S.), INC.
GUARDANT HEALTH, INC.

APPEAL RIGHTS: If you do not agree with this determination, you may file an appeal by mail or fax to the ODJFS office provided. You may also file an appeal online at <https://unemployment.ohio.gov>. The appeal should include the determination ID number, name, claimant's social security number, and any additional facts and/or documentation to support the appeal. **TO BE TIMELY, YOUR APPEAL MUST BE RECEIVED/POSTMARKED NO LATER THAN 12/26/2017 (21 calendar days after the 'Date Issued').** If the 21st day falls on a Saturday, Sunday, or legal holiday, your deadline has already been extended to include the next scheduled work day. If you do not file your appeal within the 21-day calendar period, include a statement with the date you received the determination and your reason for filing late. If your appeal is late due to a physical or mental condition, provide certified medical evidence that your condition prevented you from filing within the 21-day period. In order for your appeal to be considered timely, it must be received/postmarked no later than 21 calendar days after the ending date of the physical or mental condition. If unemployed, claimants should continue to file weekly claims for benefits while the determination is under appeal by visiting the agency's website at <https://unemployment.ohio.gov>. For additional information, claimants may review the Worker's Guide to Unemployment Compensation.



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Allowed Application Definitions

Benefit Year Beginning Date - This date establishes the effective date of this application.

Weekly Benefit Amount - This is the amount of benefits potentially payable for a week of total unemployment. It represents fifty percent of the claimant's average weekly wage for all base period employment, not to exceed the amount specified in Section 4141.30(B), Ohio Revised Code, for the claimant's dependency.

Dependency Class - This designation is assigned in accordance with the schedule established by law and remains in effect for the benefit year.

Class A-1 - Indicates either that the claimant did not list any dependents or that one or more of his/her dependents has been disallowed for any of the following reasons:

- Identity of dependent(s) could not be verified;
- Amount of support contributed by the claimant does not meet requirements;
- Spouse's income exceeds requirement to qualify as a dependent;
- Child listed is not a birth child, step-child, or adopted child;
- Child listed is over 18 years of age with no physical/mental handicap.

Class A-2 - Indicates that the claimant's spouse has an overlapping benefit year with allowed dependents.

Class A-3 - Indicates that the claimant listed dependent(s), but base period wages were insufficient to qualify for a higher benefit amount.

Class B - Indicates one or two eligible dependents.

Class C - Indicates three or more eligible dependents.

Total Benefits Payable - This is the total amount of benefits that can be paid to the claimant during the benefit year. The total is computed by multiplying the weekly benefit amount by 20 (for the first 20 qualifying weeks in the base period), plus one times the weekly benefit amount for each additional qualifying week. Total benefits cannot exceed 26 times the weekly benefit amount.

Employer's Amount Chargeable - This is the amount of benefits that is potentially chargeable to each employer's account.

Employer's Proportion Charge - Employers are charged proportionally, based on the wages paid to the claimant by each employer during the base period. This amount is the percentage of the claimant's benefit entitlement that may be charged to each account.

Base Period Employment History - The base period includes the first four of the last five completed calendar quarters, prior to the benefit year beginning date. If the **Alternate Base Period** was used, the base period includes the four most recently completed calendar quarters prior to the benefit year beginning date.

Employer Name - All employers for whom the claimant worked during the base period are listed.

Total Base Period Wages - This figure reflects total earnings in the base period with the corresponding employer(s).

Total Qualifying Weeks - This is the number of weeks in the base period in which the claimant earned or was paid wages with the base period employers.

For additional information, employers may refer to the **Ohio Unemployment Compensation Guide**; claimants may refer to the **Workers' Guide to Unemployment Compensation**.

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